

PAPERWORK REDUCTION ACT  
COLLECTION DISCONTINUATION FORM

<p style="text-align: center;">Agency/Subagency</p> <p style="text-align: center;">US Department of Education, Institute of Education Sciences</p>	<p style="text-align: center;">OMB Control Number</p> <p style="text-align: center;">1850-0819</p>	
<p>Title of Collection: <b><i>Educational Support Needs Assessment</i></b></p>		
<p style="text-align: center;">Current Expiration Date (month/year)</p> <p style="text-align: center;">February 2010</p>	<p style="text-align: center;">Requested Expiration Date (month/year) To Discontinue Collection</p> <p style="text-align: center;">December 2009</p>	
<p>Reason for Discontinuation:</p> <p>All data collection has been completed.</p>		
<p>Signature of Senior Official or Designee:</p> <p><i>James H. [unclear]</i> <i>for Kathy Axt</i></p>	<p>Date:</p> <p><i>12/4/09</i></p>	<p>For OIRA Use</p> <p>_____</p> <p>_____</p>